

**SCHWAN'S FOOD SERVICE, INC.**  
**RECIPIENT AGENCY DISTRIBUTOR AUTHORIZATION**  
**For Commodity *eRebates***

**DISTRICT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**Food Service Director:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**I agree to stop submitting commodity rebate forms for purchases after 07/01/2007 to Schwan's Food Service, Inc., and hereby authorize SYSCO MONTANA to submit electronic reports to Schwan's Food Service, Inc., detailing our purchases for all Schwan's Food Service products.**

**From this report, Schwan's Food Service, Inc. will mail a rebate check to my school.**

**This authorization form is for Schwan's product purchased through SYSCO MONTANA. You will still need to submit a rebate form for Schwan's product purchased through other distributors.**

**If there are any schools in your district that are not part of the National School Lunch Program please list them.**

☐

**YES! I want to participate.**

\_\_\_\_\_  
**Signature**

☐

**NO! I don't want to participate.**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

**Please return this form to:**

**Schwan's Food Service, Inc.  
Commodity Department  
115 West College Drive  
Marshall, MN 56258  
FAX NUMBER: 507-537-5146  
Phone: 888-494-5045 Ext. #2286**